



City of Milpitas
Sister Cities Commission
Request for a Sister City

Name of Your Community _____

State/Province/Prefecture: _____

Country: _____

Population: _____

Brief Geographical Description of Your Community: _____

Principal Economic Activities:

Agriculture	Industries	Technology	Tourism	Services
Less Important <input type="checkbox"/>	Less Important <input type="checkbox"/>	Less Important <input type="checkbox"/>	Less Important <input type="checkbox"/>	Less Important <input type="checkbox"/>
Important <input type="checkbox"/>	Important <input type="checkbox"/>	Important <input type="checkbox"/>	Important <input type="checkbox"/>	Important <input type="checkbox"/>
Very Important <input type="checkbox"/>	Very Important <input type="checkbox"/>	Very Important <input type="checkbox"/>	Very Important <input type="checkbox"/>	Very Important <input type="checkbox"/>

Provide Details: _____

Community Information:

Local Cultural and Educational Facilities: _____

If Applicable, Special Historical Background: _____

Please note that by submitting this form you are agreeing to have the information presented herein posted on our website, provided to interested parties and linked to other websites.

Sister City Information:

Desired Characteristics of a Sister City: _____

Listing of Existing Sister Cities: _____

What Kind of Sister City Activities interest your community?

Arts & Culture	Economic Development	Education	Environment	Heath & Public Safety	Municipal Cooperation	Technology & Communication	Youth
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

In your community, is there an official sister city group/organization that is recognized by your local government?

Yes ☐ No ☐ If yes, group/organization name: _____

Is this request supported by your local sister city organization? Yes ☐ No ☐

Does your local government support this request? Yes ☐ No ☐ Not yet determined ☐

Contact Information:

Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐

Name: _____ Title: _____

Department/Committee: _____

Company/Organization: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____

Country: _____

Telephone (with country code): _____ Fax: _____

E-mail: _____

Community website: _____

If your community is in the United States, are you a current member of Sister Cities International? Yes ☐ No ☐